

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3666

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3666

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 DAYS
(Specify whether
In this community 37 YRS.
years, months or days)

3. (a) PRINT FULL NAME HENRY C. CAMPBELL

3. (b) If veteran, name war No 3. (c) Social Security No. 495-09-6128

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife Mary Campbell 6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST 20, 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 14 If less than one day hr. min.

9. Birthplace VICKSBURG MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

12. Name HENRY C. CAMPBELL SR.
13. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name BELLE MILTON
15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant JOHNNIE UPTON (SISTER)
(b) Address 1704 HARRISON

17. (a) Burial (b) Date thereof 9/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Richard B. ...
(b) Address 1729 ...

19. (a) 9-8-48 (b) Estelaine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1820 E. 17TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 4, year 1948 hour 9 : minute 00 A. M.

21. I hereby certify that I attended the deceased from AUGUST 17, 1948 to SEPTEMBER 4, 1948, that I last saw him alive on SEPTEMBER 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS OF LIVER AND ACUTE HEPATIC DEGENERATION Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy SAME AS ABOVE

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Dr. ... (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 9/7/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address. 2525 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.